



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 23, 2007

Oscar Maldonado, LCSW
21 Derek Lane
Windsor, CT 06095

Re: Reinstatement Consent Order
Petition No. 2003-0421-058-007
License number 002425

Dear Mr. Maldonado:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective September 1, 2007.

However, note that pursuant to paragraph 4 of the Reinstatement Consent Order, your license is permanently restricted you from treating female or minor patients.

This letter is to be retained as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in black ink, appearing to read "Olive Tronchin", written over a horizontal line.

Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

C: Jennifer Filippone



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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Oscar Maldonado

Petition No. 2003-0421-058-007

REINSTATEMENT CONSENT ORDER

WHEREAS, Oscar Maldonado of Windsor, CT (hereinafter "respondent") has been issued license number 002425 to practice as a clinical social worker by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license was revoked on June 30, 1993, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. At all relevant times, respondent was employed as a clinical social worker at Hartford Hospital in Hartford, Connecticut.
2. In 1985 and 1986, while working at Hartford Hospital, the respondent engaged in sexual relationships with two female patients who both had histories of sexual abuse. One relationship alleged provision of money by the respondent to obtain cocaine and involvement with pornographic material.

3. During the time of the relationships, respondent was suffering from a chronic depressive disorder and an addiction to alcohol.
4. Respondent's license was revoked by Consent Order dated June 30, 1993.
5. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-195p of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as a clinical social worker shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties. Once said requirements are satisfied, respondent shall not practice as a clinical social worker until the Department's Office of Practitioner Licensing and Certification issues his license.
3. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
4. Respondent is permanently restricted from treating female or minor patients.
5. Immediately upon issuance, respondent's license shall be placed on probation for four years under the following terms and conditions:
 - A. Within the first six months of the probationary period, respondent shall attend and successfully complete at least forty (40) hours of continuing education in boundary issues, documentation standards, and patient rights. Said continuing education courses

shall be pre-approved by the Department. Within fifteen (15) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such courses.

- B. At his own expense, he shall engage in therapy and counseling with a Connecticut licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department for the entire probationary period.
- (1) He shall provide a copy of this Reinstatement Consent Order to his therapist.
 - (2) His therapist shall furnish written confirmation to the Board and the Department of his or her engagement in that capacity and receipt of a copy of this Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor his alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 5C below, and by providing the reports described in paragraph 5D below.
 - (4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his/her services.

C. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.

(1) At his own expense, he shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, (attached hereto marked as "Attachment A: Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Department, as ordered by his therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

(2) Respondent shall be responsible for notifying the laboratory, his therapist, the Board, the Department and his prescribing practitioner of any drug(s) he is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;

2. A list of controlled substance(s) prescribed by other providers;
 3. An evaluation of the respondent's need for the controlled substance;
 4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first year of probation, two such screens and reports per month for the second and third years of the probation, and one such screen and report per month for the fourth year of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.
- D. Respondent shall be responsible for the provision of monthly written reports from his therapist directly to the Department for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of his drug and alcohol free status as established by the observed

random urine screens for drugs and alcohol, an evaluation of his ability to safely and competently practice as a clinical social worker, and copies of all laboratory reports.

- E. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to his profession.
- F. Respondent shall provide a copy of this Reinstatement Consent Order to all current and future employers for the duration of his probation.
- G. Respondent shall not be self-employed as a clinical social worker for the period of his probation.
- H. Respondent shall be responsible for the provision of monthly written reports directly to the Department from his employer for the entire probationary period. Respondent shall provide a copy of this Reinstatement Consent Order to any and all employers if employed as a clinical social worker during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Reinstatement Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice as a clinical social worker, and shall be issued to the Department at the address cited in paragraph 5M below.
- I. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- J. Respondent shall notify the Department of any change in his home or business address within fifteen (15) days of such change.

- K. If respondent pursues further training, or is engaged at the time of the implementation of the Reinstatement Consent Order in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Reinstatement Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Reinstatement Consent Order within fifteen (15) days of receipt.
- L. All reports required by the terms of this Reinstatement Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- M. All correspondence and reports shall be addressed to:


Bonnie Pinkerton
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

- 6. Any violation of the terms of this Reinstatement Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's clinical social worker license following notice and an opportunity to be heard.
- 7. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
- 8. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.


9. This Reinstatement Consent Order is effective on the first day of the month immediately following the month in which this Reinstatement Consent Order is approved and accepted by the Department.
10. Respondent understands this Reinstatement Consent Order is a matter of public record.
11. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Department in which (1) his compliance with this same Reinstatement Consent Order is at issue, or (2) his compliance with §20-195p of the General Statutes of Connecticut, as amended, is at issue.
12. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a clinical social worker, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Department and shall be given due weight by the Department in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The respondent understands that the Department has complete and final discretion as to whether a summary suspension is ordered.

13. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license.
14. This Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
15. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
16. Respondent permits a representative of the Department to present this Reinstatement Consent Order and the factual basis for this Reinstatement Consent Order to the Department. The respondent understands that the Department has complete and final discretion as to whether an executed Reinstatement Consent Order is approved or accepted.
17. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
18. Respondent has had the opportunity to consult with an attorney prior to signing this document.

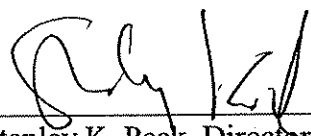
I, Oscar Maldonado, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

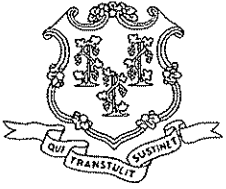

Oscar Maldonado

Subscribed and sworn to before me this 4TH day of AUGUST 2003.


Notary Public or person authorized
by law to administer an oath or
affirmation Greg C. Atkinson
Commissioner of the Superior Court

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of August 2003, it hereby ordered and accepted.


Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
7099 3400 0018 3794 9951

August 18, 2003

Oscar Maldonado
21 Derek Lane
Windsor, CT 06095

Dear Mr. Maldonado:

This is to advise you that you have completed all requirements for reinstatement of your Connecticut clinical social worker license. License number 002425 has been reinstated effective August 8, 2003, in accordance with the previously issued Reinstatement Consent Order.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Jennifer Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification

cc: ✓ Jennifer Filippone, Public Health Services Manager
Donna Brewer, Director, Public Health Hearing Office
Bonnie Pinkerton, Supervising Nurse Consultant

SBC/jc
Petition Number: 2003-0421-058-007



Phone:

Telephone Device for the Deaf (860) 509-7191

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